

Case Number:	CM13-0018564		
Date Assigned:	10/11/2013	Date of Injury:	01/31/2009
Decision Date:	01/02/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury is 1/31/2009. The primary treating diagnosis is a meniscus injury. This patient is status post a right knee lateral meniscectomy with microfracture and chondroplasty on 4/10/2013. A total of 20 postoperative physical therapy visits were certified. An initial physician review indicates that the records do not provide a rationale as to why this patient requires additional supervised rather than independent physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy, right knee #8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The MTUS Chronic Pain guidelines cited recommend allowing for fading of treatment frequency plus active self-directed home physical medicine. The medical records submitted for review do not provide a rationale as to why this employee requires additional supervised as opposed to independent rehabilitation. The request for physical therapy for the right knee two times per week for four weeks is not medically necessary and appropriate.